Malaria Essay, Research Paper

Malaria is a potentially fatal illness of tropical and

subtropical regions. The disease is caused by a parasite which

is transmitted to human beings bitten by infected mosquitoes.

The disease is widespread in Africa, and over one million

people die of malaria every year on the continent.

WHICH AREAS HARBOUR MALARIA?

Within South Africa’s borders the disease is encountered mainly

in northern and eastern Mpumalanga, northern Kwa-Zulu Natal,

and the border areas of the Northern and North West provinces.

Considering South Africa’s neighbours, malaria is also

considered to be a threat to travellers visiting the lower

lying areas of Swaziland, while it is encountered throughout

Mozambique and Zimbabwe, and much of Botswana. Northern Namibia

is also a malarious area. Within South Africa’s borders,

malaria transmission is at its highest during the warmer and wetter

months of November through to April. From May through to October the

risks of acquiring malaria are reduced. For a full size map and a list

of game parks follow this link.(368K)

HOW TO AVOID MALARIA

Prevention of malaria relies upon adopting personal protection

measures designed to reduce the chances of attracting a

mosquito bite, and the use of appropriate anti-malarial

medication. Both personal protection methods and anti-malarial

medication are important, and neither should be neglected at

the expense of the other.

PERSONAL PROTECTION MEASURES

Personal protection measures against mosquito bites include the

use of an appropriate insect repellent containing di-ethyl

toluamide (also known as DEET), the wearing clothing to conceal

as much of the body as practical, sleeping under mosquito nets,

and the spraying of sleeping quarters at night with a suitable

pyrethroid containing insecticide, or the burning of an

insecticide laden coil. If at all possible avoid being outdoors

at night, when malaria carrying mosquitoes are more likely to

bite.

ANTI-MALARIA TABLETS (PROPHYLAXIS)

There are a number of different types of anti-malaria tablets

available. The exact choice of which to use depends both upon

the particular area being visited, and the traveller’s own

medical history. Within South Africa’s borders either a

combination of chloroquine with proguanil, or Mefloquine

(Mefliam) alone are the commonly used anti-malaria tablets.

Chloroquine and proguanil are available without a doctor’s

prescription. Mefloquine (Mefliam) can only be obtained with a

doctor’s prescription. Because of the emergence of chloroquine

resistant strains of malaria in South Africa, chloroquine should not be

taken alone but should always be combined with proguanil. The adult

dosage is two chloroquine tablets per week, starting one week before

entering the malarious area. Proguanil may be started twenty-four

hours before entering the malarious area, and two tablets must be taken

every day. Both chloroquine and proguanil should be taken for four

weeks after departing the malarious area, and both are best taken at

night after a meal.

Mefloquine (Mefliam) is taken in adult dosage of one tablet per

week. This should be commenced at least one week before

entering the malarious area and continued for four weeks after

leaving the malarious area. Like chloroquine and proguanil,

Mefloquine (Mefliam) is best taken at night after a meal, and

with liquids. The principal contra-indications to the use of

Mefloquine (Mefliam) are a history of treatment for psychiatric

disorder or epilepsy. No method of malaria prevention is one

hundred per cent effective, and there is still a small chance of

contracting malaria despite the taking of anti-malaria medication and

the adoption of personal protection methods. This does not mean that

anti-malaria medication and personal protection measures should be

neglected, simply that any traveller developing possible symptoms of

malaria should seek medical advice despite having taken the prescribed

precautions.

WHY IS MALARIA DANGEROUS?

Most of the malaria found within Southern Africa is of the

falciparum species. This is potentially the most dangerous

species of malaria, and can prove rapidly fatal. Symptoms may

develop as soon as seven days after arrival in a malarious

area, or as long as three months after leaving a malarious

area. Symptoms of malaria are often beguilingly mild in the

initial stages, resembling influenza.

MALARIA SYMPTOMS

Symptoms of malaria may include a generalised body ache,

tiredness, headache, sore throat, diarrhoea, and fever. It is

worth emphasising that these symptoms may not be dramatic, and

can easily be mistaken for an attack of influenza or similar

non-life threatening illness. Deterioration can then be sudden

and dramatic, with a rapid increase in the number of parasites

in the victim’s blood stream. A high swinging fever may

develop, with marked shivering and dramatic perspiration.

Complications of a serious nature, such as involvement of the

kidneys or brain (cerebral malaria) may then follow. Cerebral

malaria is extremely serious, with the victim becoming

delirious and entering a coma. Cerebral malaria is frequently

fatal, and it is extremely important that all suspected cases

of malaria should receive medical attention as soon as is

possible. All persons possibly exposed to malaria who develop

any influenza like illness or fever within seven days of entering, or

three months of departing a malarious area should seek medical

attention, and have blood tests taken to check for possible malaria

infection. It is preferable for such blood tests to be taken during a

bout of fever. It may be sensible to have a second blood test taken if

a first test is negative for malaria, to be certain of excluding the

disease.

CONCLUSION Malaria is a potentially fatal disease caught from biting

mosquitoes. Prevention relies on measures to reduce bites, and taking

anti-malaria medication appropriate both for the destination and the

traveller. Any traveller developing influenza like symptoms or fever

within three months of return from a malarious area should be tested

for malaria, even if taking preventive measures.